

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022308

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6019

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

FILED JUN 13 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis City

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis - Mo

Length of stay in 1b

1 1/2 wks.

c. FULL NAME OF (If NOT in hospital, give location)

Mo. Pac. Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).

a. STATE

Mo

b. COUNTY

-

admission).

c. CITY

OR

TOWN

St. Louis - Mo

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

4512 W. PINE

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

ALDEN

- Tillotson

4. DATE

OF

DEATH

Month

Day

Year

JUNE 7 - 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Never Married ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

6-15-73

89

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Locomotive Engineer - Railroad

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

----- Tillotson

13b. MOTHER'S MAIDEN NAME

Mary -----

14. NAME OF HUSBAND OR WIFE

Fleta Tillotson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Cora Tillotson - 3465 Montana

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fracture Left Femur

INTERVAL BETWEEN ONSET AND DEATH

5-28-63

DUE TO (b)

Diabetes Mellitus

DUE TO (c)

Right Bundle Branch Block

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fall in NURSING HOME

20c. TIME OF INJURY

Hour

Month, Day, Year

3-15

5-28-63

FRAZIER NURSING HOME - ST. LOUIS - MO

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)

NURSING HOME

20f. CITY, TOWN, OR LOCATION

ST. LOUIS - MO

COUNTY

ST. LOUIS - MO

STATE

ST. LOUIS - MO

21. I attended the deceased from MAY - 28 - 63 to JUNE 7 - 63 and last saw her alive on JUNE 7 - 1963

Death occurred at 5:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Joseph A. Lembeck, M.D.

22b. ADDRESS

1755 S. GRAND

22c. DATE SIGNED

6-7-63

23a. BURIAL, REMOVAL, REMOVAL (Specify)

Removal

23b. DATE

June 10, 1963

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Mem. Garden St. Louis County, Missouri

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wacker - Helderle Funeral Home, St. Louis

25. DATE RECD. BY LOCAL REG.

Mo. JUN 7 1963

26. REGISTRAR'S SIGNATURE

Rosal Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles M. B. Ellis

Licensed Embalmer No.

4375

P. O. Address

St. Louis 14, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.